



Claim Rejection Reason Reminder

Purpose of this communication:

- To remind providers of the following:
 - A claim may be rejected if it is an exact duplicate of a previous claim submission;
 - Failure to include the Treatment Authorization Codes (TAC) when submitting Medicare Advantage traditional home health claims will result in a rejection.

What do I need to know?

Duplicate Rejection

- If all claim lines on an original claim submission are duplicates of a previous claim submission, the claim will be rejected by CareCentrix.
- Claims rejected as duplicates will be rejected with rejection reason **A3:54 (Duplicate of a previously processed claim/line)** and list the duplicate claim numbers identified in the 277 free form note.
- Rejections for duplicate claim submissions will NOT occur for the following:
 - Void & Replace (frequency code 7) transactions
 - Void (frequency code 8) transactions
 - Claims with miscellaneous HCPCS codes

TAC Rejection (Medicare Advantage only)

- Per CMS guidelines, a Treatment Authorization Code (TAC) is required on all Medicare Advantage traditional home health claims.
- This code is an 18-digit code that is an output of the OASIS assessment.
- TAC should be placed in box 63 on the institutional claim form.
- The CareCentrix authorization number does not need to be included on these claim submissions, as it will be found through system matching logic.
- If a TAC is not included on a Medicare Advantage traditional home health claim, providers will receive rejection code **A6:658 (Missing Treatment Authorization Code)** to indicate that the TAC was not submitted.

What else do I need to know?

- Please refer to the CareCentrix Provider Manual found on the Provider Portal: HomeBridgeSM (www.carecentrixportal.com)

Thank you in advance for your cooperation and continued partnership. If you have any questions, please reach out to CareCentrix Network Services Team at 877-725-6525